

BUSINESS SERVICES – ACCOUNTING

1250 Siskiyou Blvd, Ashland, Oregon 97520
T 541-552-8536 | F 541-52-6573

APPLICATION TO **ADD** SPECIAL FEE

Fiscal Year _____

This form must have the appropriate Director's signature and be submitted to your Accountant by the deadline as listed on your initial email notification. The added fees will be effective Summer Term.

Date of Application: _____ **Department:** _____

Course Prefix, Number, and Title: _____ **<Or>**

Title for Non-Academic Fee: _____

Will fee be needed for Summer Term? Yes No

Fee Amount Proposed (Per Student): \$ _____ Check box if "Up to"

Projected Annual Enrollment: _____

Projected Annual Revenue: \$ _____

Amount of Fee Allocated for Transportation, Lodging, Food, or Medical Insurance: \$ _____

Index Code _____ Check box if needed **Detail Code** _____ Check box if needed

Narrative justification for the new fee with a description of how the fee revenue will be spent, and the value added for the course/non-academic fee being charged:

Budget that details the anticipated revenue and expenses associated with the fee account:

Contact information:

Name: _____ **Phone number:** _____

Signatures

Director: _____ **Date:** _____

Accountant Review: _____ **Date:** _____

Final Approval: _____ **Date:** _____

If you would like guidance in completing the form correctly, your Accountant has been trained to assist you with this process. Special Fees forms are due to your Accountant upon completion.